

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		APPLICANT DEPENDENCY		APPLICANT DEPENDENCY	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CHD	DEP	CHD	DEP	CHD	DEP
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